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1-134 Cancel  
135-200

1-134 Cancel

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10043009	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
101							1 51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
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22							72						
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25							75						
26							76						
27							77						
28							78						
29							79						
30							1 80						
31							81						
32							82						
33							83						
134							84						
1 35	1						85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							1 97	1					
48							98						
49							99						
50							200						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						

(2)

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10043009

FILING DATE

APPLICANT(S)

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
201													
2							2	51					
3								52					
4								53					
5								54					
6								55					
7								56					
8								57					
9								58					
10								59					
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17								66					
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19								68					
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27								76					
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29								78					
30								79					
31								80					
32								81					
33								82					
34								83					
35								84					
36								85					
37								86					
38								87					
39								88					
40								89					
41								90					
42								91					
43								92					
44								93					
45								94					
46								95					
47								96					
48								97					
49								98					
50								99					
TOTAL IND.								100					
TOTAL DEP.								TOTAL IND.					
TOTAL CLAIMS								TOTAL DEP.					
								TOTAL CLAIMS					